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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								ess it displays a valid OMB control number. Application or Docidet Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR		R THAN ENTITY
	FOR	NUME	BER FILED	NUME	BER EXTRA	RATE	FEE	1	RATE	FEE
(37	SIC FEE CFR 1.16(a))	0	_0				5 \	OR	1	\$
TOTAL CLAIMS (37 CFR 1.16(c))		8	minus 20 =			x \$ =		OR	x \$ =	<u> </u>
	EPENDENT CLAI CFR 1.16(b))	MS /	minus	3 = . —		x \$ =		1	-	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR OR	× \$=	 /
• If	the difference in	column 1 is less th	nter "0" in column	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II										
$\perp I$	1000	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	17	Minus		-	v.25	FEE		50	FEE
	Independent (37 CFR 1.16(b))	1.0	Minus	2		(OR	X SOL	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					× \$ D =		OR OR	260	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
_		(Column 1)		(Column 2)	(Column 3)			-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	,,,,	OR	x s =	ree
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$ =		OR	x \$=	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =				
	(OR OR	+ \$= TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			•	•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* ,	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR		
•	TO							,	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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